



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-011585	Officer:	Jusza, Kevin A	Date:	7/31/2013	Time:	2059	Day:	Wednesday	
Attached Reports: (Check All That Apply)										
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo				
Was an arrest made?					Suspect Name:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Cloutier, John [REDACTED]					
Suspect Information: CHECK ALL THAT APPLY										
<input checked="" type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input type="checkbox"/> Not armed			<input checked="" type="checkbox"/> Had been drinking							
<input checked="" type="checkbox"/> Impaired or Intoxicated			<input type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input checked="" type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9										
<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS					
<input type="checkbox"/> Taser										
Injury Information										
Were any injuries sustained to officer?					If yes, describe below...					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Were any injuries sustained to suspect?					If yes, describe below...					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Was medical attention provided?					If yes, describe below...					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Describe the effects of the force used on any persons involved, and any decontamination method used if any....										
Pulled sidearm on suspect armed with knife. Afer several commands to drop knife, knife was placed down.										
Officer Information										
# of officers present			# of officers injured:							
1			0							
Officer description:			<input checked="" type="checkbox"/> Uniform			<input type="checkbox"/> Plain Clothes				
Duty Status:			<input checked="" type="checkbox"/> On Duty			<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio				
Route/Assignment:			<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During		<input checked="" type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information										
Offense/Charge:										
Lighting:		<input type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input checked="" type="checkbox"/> Darkness		
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors						
Weather Conditions		<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow		
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry		
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input checked="" type="checkbox"/> No Debris		<input type="checkbox"/> Other		
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.										
Signature of reporting officer:					Reviewed by:			Date:		
								7/31/13		



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-011344	Officer	Desmarais, Eric S	Date:	7/28/2013	Time:	1124	Day:	Sunday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Brian Cunneen <span style="background-color: black; color: black;">XXXXXXXXXX</span>
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Suspect Information: CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<b>Soft Hand Control</b> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input checked="" type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input checked="" type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input checked="" type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Felony stop of suspect vehicle in Robbery of Crosstown Market. 77 Bremer St. 3 adults and 1 child in the vehicle. All complied with verbal commands at gunpoint. 5 Manchester units including a K9 and 4 State Police units responded.

Officer Information

# of officers present: 6 mpd    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location

Route/Assignment: 14, Z18, 3-2, WAGON, 11.

Verbal Commands used Before   
  Verbal Commands Used During   
  Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Robbery (636:1)

Lighting:	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

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Signature of reporting officer:	Reviewed by:	Date: <u>7-28-13</u>
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-011138    Officer: Buckley, Michael R    Date: 7/25/2013    Time: 2009    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?     Yes     No    Suspect Name:    Levasseur, Richard

Suspect Information: CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input checked="" type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Yes he placed is firearm he had in his hand on his counter.

Officer Information

# of officers present: 2    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location

Route/Assignment: 3-3

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: none suspect came to door with gun in his hand

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: [Signature]    Reviewed by: [Signature]    Date: 7/25/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-010889    Officer Olson, Warren J    Date: 7/20/2013    Time: 1406    Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  Yes     No    Suspect Name: Maria Gertrud Bryant [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Armed with a deadly weapon                | <input type="checkbox"/> Armed with a non-deadly weapon      |
| <input checked="" type="checkbox"/> Not armed                      | <input type="checkbox"/> Had been drinking                   |
| <input type="checkbox"/> Impaired or Intoxicated                   | <input type="checkbox"/> Under the influence of drugs        |
| <input type="checkbox"/> Agitated prior to police arrival          | <input type="checkbox"/> Any disability (describe): Seizures |
| <input type="checkbox"/> Language barrier (if so, language spoken) |  |

**Type of Force Used: CHECK ALL THAT APPLY**

- |   |   |   |
|---|---|---|
| <p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation<br><input type="checkbox"/> Pressure Point Control<br><br><p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC<br><input type="checkbox"/> Baton<br><input type="checkbox"/> K-9<br><input type="checkbox"/> Other (describe)<br><input checked="" type="checkbox"/> Taser | <p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike<br><input type="checkbox"/> Kick<br><input type="checkbox"/> Knee Strike<br><input type="checkbox"/> Take Down<br><input type="checkbox"/> Other (describe) | <p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed<br><input type="checkbox"/> Handgun Used<br><input type="checkbox"/> Rifle Deployed<br><input type="checkbox"/> Rifle Used<br><input type="checkbox"/> Shotgun Deployed<br><input type="checkbox"/> Shotgun Used<br><br><input type="checkbox"/> Less Lethal- 12 Ga- Deployed<br><input type="checkbox"/> Less Lethal- 12 Ga- Used<br><input type="checkbox"/> Less Lethal- 40 mm- Deployed<br><input type="checkbox"/> Less Lethal- 40 mm- Used<br><input type="checkbox"/> Noise Flash Device<br><input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

**Injury Information**

Were any injuries sustained to officer?  Yes     No    If yes, describe below...  
Abrasion and muscle strain to left arm

Were any injuries sustained to suspect?  Yes     No    If yes, describe below...  
Abrasions to arms and legs

Was medical attention provided?  Yes     No    If yes, describe below...  
MFD and AMR on scene. Subject transported to CMC for treatment.

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
Deployed taser it was effective, prongs became dislodged when subject did resist arrest on ground

**Officer Information**

# of officers present: 3    # of officers injured: 1

Officer description:  Uniform     Plain Clothes

Duty Status:  On Duty     Off Duty     On Duty Detail/Location

Route/Assignment: Traffic Unit

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information**

Offense/Charge: Conduct After An Accident    Disobeying a Police Officer    Resisting Arrest

Lighting:  Daylight     Artificial     Low Light     Darkness

Location:  Indoors     Outdoors

Weather Conditions:  Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:  Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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Signature of reporting officer: [Signature]    Reviewed by: [Signature]    Date: 7/20/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-010984    Officer: Joyal, Eric M    Date: 7/20/2013    Time: 1525    Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?    Suspect Name:

Yes     No    Theodore Hurdle [REDACTED]

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or intoxicated	<input checked="" type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<b>Soft Hand Control</b>	<b>Hard Hand Control</b>	<b>Firearm</b>	
<input checked="" type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input checked="" type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used
<b>Secondary Weapon System</b>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS
<input type="checkbox"/> Other (describe)			
<input type="checkbox"/> Taser			

Injury Information:

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Minor abrasions to facial area

Was medical attention provided?     Yes     No    If yes, describe below...

Transported to Elliot Hospital to be Evaluated

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Used hands to control subject from flailing around. Pressure point control did not work on subject.

Officer Information:

# of officers present: 5    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location

Route/Assignment: Unit 3-1

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: NONE

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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Signature of reporting officer: *[Signature]* #171    Reviewed by: *[Signature]*    Date: 07-20-13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-010843    Officer: Day, Christopher B    Date: 7/19/2013    Time: 1445    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?     Yes     No    Suspect Name: Ramon Taveras [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

Armed with a deadly weapon     Armed with a non-deadly weapon  
 Not armed     Had been drinking  
 Impaired or Intoxicated     Under the influence of drugs  
 Agitated prior to police arrival     Any disability (describe): Mental Health issues  
 Language barrier (if so, language spoken)

**Type of Force Used: CHECK ALL THAT APPLY**

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) Closed hand strikes	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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Secondary Weapon System

 OC  
 Baton  
 K-9  
 Other (describe)  
 Taser

**Injury Information:**

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...  
 Mental Health Eval was ordered

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject released his grip on my weapon.

**Officer Information:**

# of officers present: 1    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location Elliot Hospital

Route/Assignment:  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information:**

Offense/Charge: Warrant drafted for Attempted Taking a Firearm from a Law Enforcement Official RSA 642:3-a (B) Felony

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry  
 Ice/Snow     Debris     No Debris     Other

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Signature of reporting officer: [Signature]    Reviewed by: [Signature]    Date: 07-19-13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-010782	Officer: Buckley, Michael R	Date: 7/18/2013	Time: 1900	Day: Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center; font-weight: bold;">HOWARD, TERRY</p>
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<b>Soft Hand Control</b> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 By forcing his arm behind suspect back I was able to effect an arrest.

Officer Information

# of officers present: <u>2</u>	# of officers injured: <u>0</u>	
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes		
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio		
Route/Assignment:		
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Crim. Threat Crim. Restrain Resisting Arrest and Viol. Of Bail

Lighting: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input checked="" type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors
Weather Conditions: <input type="checkbox"/> Sunny <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input checked="" type="checkbox"/> No Debris <input type="checkbox"/> Other

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Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 7-18-13
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OWA-2



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-10371	Officer: Maguire, Patrick B	Date: 7/11/2013	Time: 2300	Day: Thursday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Suspect Name: <b>OJO, OSAHENRUMWEN</b>		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input checked="" type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<b>Soft Hand Control</b>		<b>Hard Hand Control</b>		<b>Firearm</b>
<input type="checkbox"/> Joint Manipulation		<input type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
<b>Secondary Weapon System</b>		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input checked="" type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> K-9				<input type="checkbox"/> Shotgun Used
<input type="checkbox"/> Other (describe)				<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Taser				<input type="checkbox"/> Less Lethal- 12 Ga- Used
				<input type="checkbox"/> Less Lethal- 40 mm- Deployed
				<input type="checkbox"/> Less Lethal- 40 mm- Used
				<input type="checkbox"/> Noise Flash Device
				<input type="checkbox"/> Gas Deployment- OC/CS
Injury Information:				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Were any injuries sustained to suspect?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Was medical attention provided?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Describe the effects of the force used on any persons involved, and any decontamination method used if any.... Effects were useful, I was able to remove subject from vehicle.				
Officer Information:				
# of officers present: 3		# of officers injured: 0		
Officer description:		<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes
Duty Status:		<input checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio
Route/Assignment:		<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After
Miscellaneous Information:				
Offense/Charge: Crim. Threat Crim. Restrain Resisting Arrest and Viol. Of Bail				
Lighting:		<input type="checkbox"/> Daylight <input type="checkbox"/> Artificial		<input checked="" type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors
Weather Conditions:		<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris		<input checked="" type="checkbox"/> No Debris <input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer:		Reviewed by:  212		Date: 7/12/13





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-010355	Officer	Feather, Derek A	Date:	7/11/2013	Time:	1739	Day:	Thursday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo			
Was an arrest made?					Suspect Name:				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Brogan, Michael				
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon				
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking				
<input type="checkbox"/> Impaired or Intoxicated					<input type="checkbox"/> Under the influence of drugs				
<input type="checkbox"/> Agitated prior to police arrival					<input type="checkbox"/> Any disability (describe):				
<input type="checkbox"/> Language barrier (if so, language spoken)									
Type of Force Used: CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input checked="" type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9						<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)									
<input type="checkbox"/> Taser									
Injury Information:									
Were any injuries sustained to officer?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...		
Were any injuries sustained to suspect?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...		
Was medical attention provided?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...		
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
After the wrist lock was applied I was able to gain control of the suspect.									
Officer Information:									
# of officers present: 6			# of officers injured: 0						
Officer description:			<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes						
Duty Status:			<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location						
Route/Assignment: 2-2									
<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During			<input checked="" type="checkbox"/> Verbal Commands Used After			
Miscellaneous Information:									
Offense/Charge: Possession of CD, Falsifying Physical Evidence, Resisting									
Lighting:			<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness						
Location:			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors						
Weather Conditions:			<input type="checkbox"/> Sunny <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow						
Surface Conditions:			<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry						
<input type="checkbox"/> Ice/Snow			<input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input type="checkbox"/> Other						
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.									
Signature of reporting officer:					Reviewed by:			Date:	
								7-12-13	



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-10311    Officer: Cataldo, Derek R    Date: 7/11/2013    Time: 0054    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:

Yes     No                                      Chickering, Jacob [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

- |  |   |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon                  | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input checked="" type="checkbox"/> Not armed                        | <input type="checkbox"/> Had been drinking              |
| <input type="checkbox"/> Impaired or Intoxicated                     | <input type="checkbox"/> Under the influence of drugs   |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe):     |
| <input type="checkbox"/> Language barrier (if so, language spoken)   |   |

**Type of Force Used: CHECK ALL THAT APPLY**

- |  |  |   |
|--|--|---|
| <p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation<br><input type="checkbox"/> Pressure Point Control<br><br><p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC<br><input type="checkbox"/> Baton<br><input type="checkbox"/> K-9<br><input type="checkbox"/> Other (describe)<br><input type="checkbox"/> Taser | <p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike<br><input type="checkbox"/> Kick<br><input type="checkbox"/> Knee Strike<br><input checked="" type="checkbox"/> Take Down<br><input type="checkbox"/> Other (describe) | <p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed<br><input type="checkbox"/> Handgun Used<br><input type="checkbox"/> Rifle Deployed<br><input type="checkbox"/> Rifle Used<br><input type="checkbox"/> Shotgun Deployed<br><input type="checkbox"/> Shotgun Used<br><br><input type="checkbox"/> Less Lethal- 12 Ga- Deployed<br><input type="checkbox"/> Less Lethal- 12 Ga- Used<br><input type="checkbox"/> Less Lethal- 40 mm- Deployed<br><input type="checkbox"/> Less Lethal- 40 mm- Used<br><input type="checkbox"/> Noise Flash Device<br><input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|---|

**Injury Information**

Were any injuries sustained to officer?     Yes     No                      If yes, describe below...

Were any injuries sustained to suspect?     Yes     No                      If yes, describe below...

Was medical attention provided?     Yes     No                      If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...

Subject was grabbed by upper torso and transitioned to the ground after walking back toward his victim and ignoring commands to stop. Subject controlled and handcuffed with no injury to him or myself.

**Officer Information**

# of officers present: 1                      # of officers injured: 0

Officer description:     Uniform                       Plain Clothes

Duty Status:                       On Duty                       Off Duty                       On Duty Detail/Location

Route/Assignment: 3-2

Verbal Commands used Before                       Verbal Commands Used During                       Verbal Commands Used After

**Miscellaneous Information**

Offense/Charge: 1ct Violation of Bail Conditions, 1ct Stalking, 1ct Obstructing Report of a Crime , 1ct Criminal Mischief, 1ct False Imprisonment , 1ct Resisting Arrest or Detention , 1ct Disorderly Conduct

Lighting:                       Daylight                       Artificial                       Low Light                       Darkness

Location:                       Indoors                       Outdoors

Weather Conditions                       Sunny                       Clear                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet                       Dry

Ice/Snow                       Debris                       No Debris                       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:                      Reviewed by:                      Date: 7/13/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-010253	Officer	Orr, Steven J	Date:	7/10/2013	Time:	0100	Day:	Wednesday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center;">TIFFANY BURPEE</p>
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<b>Soft Hand Control</b> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Arm bar take down was effective in gaining control of the suspect and an arrest was made.

Officer Information

# of officers present: <u>5</u>	# of officers injured: <u>0</u>
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: Wagon	
<input type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During
	<input checked="" type="checkbox"/> Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Simple Assault on a Police Officer , Resisting Arrest

Lighting:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input checked="" type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris	<input type="checkbox"/> Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:	Reviewed by:	Date: 7-10-13
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# MANCHESTER NH POLICE DEPARTMENT USE OF FORCE REPORT



Case #	13-010197	Officer:	K. Gelinas	Date:	7-9-13	Time:	0930	Day:	Tuesday	
Use of Force	Soft Hand/Taser			Against:	Gedeon Karasi					
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Type of Force Used: Check one:</b>										
<input type="checkbox"/> OC					<input type="checkbox"/> Handgun used					
<input type="checkbox"/> Baton					<input type="checkbox"/> Handgun displayed					
<input type="checkbox"/> K-9					<input type="checkbox"/> Rifle					
<input checked="" type="checkbox"/> Other (describe)	Soft Hand/Taser				<input type="checkbox"/> Shotgun					
<b>Summary of Incident:</b>										
<p>On 7-9-13 at approx 0920 hrs Officer Feliciano and I responded to an unwanted subject call in front of 427 Belmont St. Upon arrival we made contact with the unwanted subject who was very uncooperative and did not want to provide his name to us. After finally learning his name Dispatch advised he had a warrant. After being advised he was under arrest he refused to put his hands behind his back and began backing away from us. I attempted to grab his right wrist. He pulled away and began flailing his arms. Officer Feliciano and I both grabbed his arms and he began pushing against us forcefully and was trying to get away. After violently struggling with him Officer Feliciano deployed his taser. He was subsequently taken to the ground and placed into handcuffs.</p>										
Was medical attention required? <span style="margin-left: 150px;">No</span> <span style="margin-left: 150px;">If yes, describe below....</span>										
Were any injuries sustained? <span style="margin-left: 150px;">Yes</span> <span style="margin-left: 150px;">If yes, describe below....</span>										
Both Officers sustained abrasions to their elbows and knees during the struggle.										
Describe the effects of the force used on any persons involved, and any decontamination method used if any....										
Initial soft hand techniques kept the subject somewhat contained, however, were ineffective in completing the arrest. The Taser was initially ineffective because subject had layers of thick clothing on. Drive stun technique was then used and became more effective. None of the probes from taser penetrated subjects skin.										
<b>Suspect Information:</b>										
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon					
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking					
<input type="checkbox"/> Impaired or Intoxicated					<input type="checkbox"/> Under the influence of drugs					
<input type="checkbox"/> Agitated prior to police arrival					<input type="checkbox"/> Any disability (describe):					
<input type="checkbox"/> Language barrier (if so language spoken)										
<b>Officer Information:</b>										
# of Officers present:	2	# of Officers injured:	2	Officer description:	Uniform of the Da					
Duty Status:	On-Duty	Route/Assignment:	2-5	Mode:						
<input checked="" type="checkbox"/> Verbal Commands Used Before		<input checked="" type="checkbox"/> Verbal Commands Used During		<input checked="" type="checkbox"/> Verbal Commands Used After						
<b>Miscellaneous Information:</b>										
Offense/Charge:	631:2-A,318-B:2, 642:2,597:37	Lighting:	Daylight	Location:	Sidewalk of 427 Belmont St					
Weather Conditions:	Cloudy		Surface Conditions:	Dry						
# of Bystanders:	10	# of Bystanders contaminated:	0	Injured?	0	Involvement:	None			
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the White notes and forwarded to the Training Director.										
Signature of reporting officer: <i>[Signature]</i> #114				Reviewed by: <i>[Signature]</i>				Date:		7/9/13



# MANCHESTER NH POLICE DEPARTMENT USE OF FORCE REPORT



Case #	13-10197	Officer:	T. Feliciano	Date:	070913	Time:	0930	Day:	Tuesday
Use of Force	Soft Hand / Taser			Against:	Karasi, Gedeon				

Was an arrest made?  
 Yes     No

**Type of Force Used: Check one:**

<input type="checkbox"/> OC	<input type="checkbox"/> Handgun used
<input type="checkbox"/> Baton	<input type="checkbox"/> Handgun displayed
<input type="checkbox"/> K-9	<input type="checkbox"/> Rifle
<input checked="" type="checkbox"/> Other (describe)      Soft Hand / Taser	<input type="checkbox"/> Shotgun

**Summary of Incident:**

On Tuesday July 9, 2013 at approx. 09:30, Ofc. Gelinas and I (T. Feliciano) were dispatched to 427 Belmont St, in regards to an unwanted party. The unwanted party/Deft, was identified as Gedeon Karasi 12/15/93. During the investigation of the call, we discovered that the Deft had a warrant for his arrest. In an attempt to take the Deft into custody, the Deft then started to pull away from us, resisting arrest and became combative. Soft hand techniques were initiated, then we had to transition to the taser. Once the Deft was restrained / handcuffed, we transitioned back to soft hand techniques to maintain physical control of the Deft.

**Was medical attention required?**      NO      **If yes, describe below....**

- Darts did not penetrate the skin

**Were any injuries sustained?**      YES      **If yes, describe below....**

- Officers sustained injuries, minor scrapes and bruising. During the course of the struggle with the Deft. Both Officers sustained minor scrapes and bruising on knees and elbows.

**Describe the effects of the force used on any persons involved, and any decontamination method used if any....**

- Soft hand technique initiated, followed by Taser use. After initiating soft hand techniques, the Deft was still combative and trying to pull away. The Taser was then utilized. The Deft had several layers of clothing, which were baggy. I used both cartridges, none were affective, no connection was made. I then used the drive stun method, after a few attempts (thigh, lower back and buttocks) once I was able to make contact on the buttocks, the taser had an affect and Deft as able to be handcuffed. After Deft was handcuffed, he was still uncooperative. I then transitioned back to soft hand techniques

**Suspect Information:**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so language spoken)	

**Officer Information:**

# of Officers present:      2      # of Officers injured:      2      Officer description:      Uniform of the day

Duty Status:      ON      Route/Assignment:      3-1      Mode:

Verbal Commands Used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information:**

Offense/Charge:      631:2-A, 318-B:2,597:37,642:2      Lighting:      Day light      Location:      427 Belmont St, Manchester

Weather Conditions:      Cloudy      Surface Conditions:      Dry/Normal

# of Bystanders:      ?      # of Bystanders contaminated:      0      Injured?      0      Involvement:      0

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the White notes and forwarded to the Training Director.

Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 7/9/13
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-009946	Officer:	Matthew J. Solari	Date:	7/4/2013	Time:	1540	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Cindy Bowdoin
--	--------------------------------

**Suspect Information: CHECK ALL THAT APPLY**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so language spoken)	

**Type of Force Used: CHECK ALL THAT APPLY**

<b>Soft Hand control</b> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Gauge- Deployed <input type="checkbox"/> Less Lethal- 12 Gauge- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Secondary Weapon System**

OC  
 Baton  
 K-9  
 Other (describe)  
 Taser

Were any injuries sustained?       Yes    No      If yes, describe below....

Was medical attention provided?       Yes    No      If yes, describe below....

*Refused*

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Compliance was immediate.

**Officer Information:**

# of officers present: 1      # of officers injured: 0

Officer description:  Uniform       Plain Clothes

Duty Status:  On Duty       Off Duty       On Duty Detail

Route/Assignment: Route 1-5

Verbal Commands Used Before       Verbal Commands Used During       Verbal Commands Used After

**Miscellaneous Information:**

Offense/Charge: Disorderly Conduct RSA: 644:2 Simple Assault 631:2-A

Lighting:       Daylight       Artificial       Low Light       Darkness

Location:       Indoors       Outdoors

Weather Conditions:  Sunny       Cloudy       Rain       Snow

Surface Conditions:  Flat       Incline       Decline       Wet

Dry       Ice/Snow       Debris       No Debris       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the White notes and forwarded to the Training Director.

Signature of reporting officer: <i>Matthew Solari</i>	Reviewed by: <i>[Signature]</i>	Date: 7/4/13
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*[Handwritten initials]*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-9946	Officer: Murphy, Darren N	Date: 7/4/2013	Time: 1545	Day: Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made?  Yes     No

Suspect Name: Bowdoin, Cindy [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

**Type of Force Used: CHECK ALL THAT APPLY**

<p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><b>Secondary Weapon System</b></p> <input checked="" type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Injury Information:**

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 OC spray was used in a one second burst for a non compliant prisoner slipped out of her cuffs. She then complied and was searched and provided water and towels in the womans holding cell to decontaminate.

**Officer Information:**

# of officers present: 2      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

Duty Status:     On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: Wagon

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information:**

Offense/Charge:

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]*      Reviewed by: *[Signature]*      Date: 7/4/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-009910    Officer: Valenti, Michael A    Date: 7/3/2013    Time: 2206    Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?

Yes     No

Suspect Name:

Hill, Cathy

Suspect Information: CHECK ALL THAT APPLY

- |  |   |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon                | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input checked="" type="checkbox"/> Not armed                      | <input type="checkbox"/> Had been drinking              |
| <input type="checkbox"/> Impaired or Intoxicated                   | <input type="checkbox"/> Under the influence of drugs   |
| <input type="checkbox"/> Agitated prior to police arrival          | <input type="checkbox"/> Any disability (describe):     |
| <input type="checkbox"/> Language barrier (if so, language spoken) |   |

Type of Force Used: CHECK ALL THAT APPLY

- |   |   |   |
|---|---|---|
| <p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation<br><input type="checkbox"/> Pressure Point Control<br><br><p><b>Secondary Weapon System</b></p> <input checked="" type="checkbox"/> OC<br><input type="checkbox"/> Baton<br><input type="checkbox"/> K-9<br><input type="checkbox"/> Other (describe)<br><input type="checkbox"/> Taser | <p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike<br><input type="checkbox"/> Kick<br><input type="checkbox"/> Knee Strike<br><input type="checkbox"/> Take Down<br><input type="checkbox"/> Other (describe) | <p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed<br><input type="checkbox"/> Handgun Used<br><input type="checkbox"/> Rifle Deployed<br><input type="checkbox"/> Rifle Used<br><input type="checkbox"/> Shotgun Deployed<br><input type="checkbox"/> Shotgun Used<br><br><input type="checkbox"/> Less Lethal- 12 Ga- Deployed<br><input type="checkbox"/> Less Lethal- 12 Ga- Used<br><input type="checkbox"/> Less Lethal- 40 mm- Deployed<br><input type="checkbox"/> Less Lethal- 40 mm- Used<br><input type="checkbox"/> Noise Flash Device<br><input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

Injury Information

- Were any injuries sustained to officer?     Yes     No    If yes, describe below...
- Were any injuries sustained to suspect?     Yes     No    If yes, describe below...
- Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 OC deployed, little to no effect, decontaminated with cold water and paper towels

Officer Information

# of officers present: 2                      # of officers injured: 0

Officer description:     Uniform                       Plain Clothes

Duty Status:                       On Duty                       Off Duty                       On Duty Detail/Location

Route/Assignment: 2-34

Verbal Commands used Before                       Verbal Commands Used During                       Verbal Commands Used After

Miscellaneous Information

Offense/Charge: EBW, Resisting Arrest or Detention and Assault on a PO

Lighting:                       Daylight                       Artificial                       Low Light                       Darkness

Location:                       Indoors                       Outdoors

Weather Conditions                       Sunny                       Clear                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet                       Dry

Ice/Snow                       Debris                       No Debris                       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:

*[Handwritten Signature]* #150

Reviewed by:

*[Handwritten Signature]*

Date:

7/9/13





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-9712    Officer: Georgoulis, Nicholas J    Date: 7/1/2013    Time: 0230    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?

Yes     No

Suspect Name:

Simon Ombati [REDACTED]

~~Suspect Information - CHECK ALL THAT APPLY~~

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

~~Type of Force Used - CHECK ALL THAT APPLY~~

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
<p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser			

~~Injury Information~~

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
 My toenail of my left big toe cracked after taking the subject to the ground and attempted to gain control of him thereafter

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
 Small abrasion to knuckle of left hand as a result of being taken down to the ground

Was medical attention provided?     Yes     No    If yes, describe below...  
 Refused

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Force resulted in compliance

~~Officer Information~~

# of officers present: 3      # of officers injured: 1

Officer description:     Uniform       Plain Clothes

Duty Status:       On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: 3-3 MIDS

Verbal Commands used Before       Verbal Commands Used During       Verbal Commands Used After

~~Miscellaneous Information~~

Offense/Charge:

Lighting:     Daylight       Artificial       Low Light       Darkness

Location:     Indoors       Outdoors

Weather Conditions     Sunny       Clear       Cloudy       Rain       Snow

Surface Conditions:     Flat       Incline       Decline       Wet       Dry

Ice/Snow       Debris       No Debris       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]*      Reviewed by: *[Signature]*      Date: 7/1/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-009714	Officer: Mangum, Justin M	Date: 7/1/2013	Time: 0545	Day: Monday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Leclair, Oscar [REDACTED]
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Suspect Information - CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

<b>Soft Hand Control</b> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Suspect complied with verbal commands to submit to arrest after the knee strike was applied

Officer Information

# of officers present: 2      # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:             On Duty         Off Duty         On Duty Detail/Location

Route/Assignment: 2-2

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Conduct After, Reckless Conduct, Simple Assault x2, Resisting Arrest

Lighting:             Daylight     Artificial     Low Light     Darkness

Location:             Indoors      Outdoors

Weather Conditions:  Sunny     Clear         Cloudy     Rain         Snow

Surface Conditions:  Flat         Incline     Decline     Wet         Dry

Ice/Snow     Debris     No Debris     Other On Stairs

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>[Signature]</i> 173	Reviewed by: <i>[Signature]</i> (LI)	Date: 7/1/2013
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